


**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

29 JUNE 15, 2010

  
SACHI A. HAMAI  
EXECUTIVE OFFICER

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Board of Supervisors

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June 15, 2010

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

John F. Schunhoff, Ph.D.  
Interim Director

Gail V. Anderson, Jr., M.D.  
Interim Chief Medical Officer

313 N. Figueroa Street, Suite 912  
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*To improve health  
through leadership,  
service and education.*

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT  
(ALL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request Board approval for the Interim Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

**IT IS RECOMMENDED THAT YOUR BOARD:**

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, of the following individual accounts:

Patients who received medical care at County facilities:

- (1) Account Number LAC+USC – 6645056 \$ 3,579
- (2) Account Number LAC+USC – Various \$ 4,500
- (3) Account Number Harbor – 176837 \$ 5,000
- (4) Account Number Harbor – Various \$ 5,000
- (5) Account Number LAC+USC – 9468893 \$ 5,000
- (6) Account Number LAC+USC – Various \$ 8,575
- (7) Account Number LAC+USC – Various \$ 9,500
- (8) Account Number LAC+USC – Various \$ 23,333



Trauma patients who received medical care at non-County facilities:

(9) Account Number EMS – 509 \$ 3,000  
(10) Account Number EMS – 167 \$ 3,053  
(11) Account Number EMS – 511 \$ 4,154  
(12) Account Number EMS – 510 \$ 6,500  
(13) Account Number EMS – 218 \$ 9,840  
(14) Account Number EMS – 508 \$16,007  
(15) Account Number EMS – 513 \$22,000  
(16) Account Number EMS – 216 \$24,646

Total All Accounts: \$153,687

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Patients who received medical care at a County facility: The compromise offers of settlement for patient accounts (1) - (8) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases.

Trauma patients who received medical care at non-County facilities: The compromise offers of settlement for patient accounts (9) – (16) are recommended because the County has agreements with certain non-County medical facilities under which it pays for trauma care provided to eligible indigent patients at those facilities. These agreements allow the County, after it has made payment for a particular patient, to pursue recovery from third parties who are financially responsible for such trauma care.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

### **Implementation of Strategic Plan Goals**

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

This will expedite the County's recovery of revenue totaling approximately \$153,687.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, your Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, your Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by your Board on December 8, 2005.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Fund.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John F. Schunhoff". The signature is fluid and cursive, with a large initial "J" and "S".

JOHN F. SCHUNHOFF, Ph.D.

Interim Director

JFS:lg

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1  
DATE: JUNE 15, 2010

<b>Total Gross Charges</b>	\$30,410	<b>Account Number</b>	6645056
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient
<b>Balance Due</b>	\$30,410	<b>Date of Service</b>	11/10/07 – 11/15/07
<b>Compromise Amount Offered</b>	\$3,579.05	<b>% Of Charges</b>	12 %
<b>Amount to be Written Off</b>	\$26,830.95	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$30,410 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$18,500 and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$6,750	\$6,750	36 %
<b>Lawyer's Cost</b>	\$4,591.90	\$4,591.90	25 %
<b>LAC+USC Medical Center *</b>	\$30,410	\$3,579.05	20 %
<b>Other Lien Holders *</b>	\$976	\$976	5 %
<b>Patient</b>	-	\$2,603.05	14 %
<b>Total</b>	-	\$18,500	100 %

\* This settlement distribution is consistent with the Hospital Lien Act (California Civil Code section 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost. Lien holders are receiving 25% of the settlement (20% to LAC+USC Medical Center and 5% to others) with the patient receiving the remaining 14% of the settlement.

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2  
DATE: JUNE 15, 2010

<b>Total Gross Charges</b>	\$131,222	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$131,222	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$4,500	<b>% Of Charges</b>	3 %
<b>Amount to be Written Off</b>	\$126,722	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$131,222 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$5,000	\$5,000	33 %
<b>Lawyer's Cost</b>	-	-	-
<b>LAC+USC Medical Center *</b>	\$131,222	\$4,500	30 %
<b>Other Lien Holders *</b>	\$7,210.45	\$3,625	24 %
<b>Patient</b>	-	\$1,875	13 %
<b>Total</b>	-	\$15,000	100 %

\* Lien holders are receiving 54 % of the settlement (30% to LAC+USC Medical Center and 24% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3  
DATE: JUNE 15, 2010

<b>Total Gross Charges</b>	\$203,812	<b>Account Number</b>	176837
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient
<b>Balance Due</b>	\$203,812	<b>Date of Service</b>	7/17/09 – 8/6/09
<b>Compromise Amount Offered</b>	\$5,000	<b>% Of Charges</b>	2 %
<b>Amount to be Written Off</b>	\$198,812	<b>Facility</b>	H/UCLA Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient gross charges of \$203,812 for medical services rendered. The patient's Medi-Cal application is pending. If Medi-Cal is later approved, DHS will bill Medi-Cal and refund the settlement amount. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$5,000	\$5,000	33.33 %
<b>Lawyer's Cost *</b>	\$250	-	-
<b>H/UCLA Medical Center</b>	\$203,812	\$5,000	33.34 %
<b>Other Lien Holders</b>	-	-	-
<b>Patient</b>	-	\$5,000	33.33 %
<b>Total</b>	-	\$15,000	100 %

\* The attorney agreed to waive his cost.

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4  
DATE: JUNE 15, 2010

<b>Total Gross Charges</b>	\$163,351	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$163,351	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$5,000	<b>% Of Charges</b>	3 %
<b>Amount to be Written Off</b>	\$158,351	<b>Facility</b>	H/UCLA Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H/UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$163,351 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$6,000	\$6,000	40 %
<b>Lawyer's Cost</b>	-	-	-
<b>H/UCLA Medical Center *</b>	\$163,351	\$5,000	33 %
<b>Other Lien Holders *</b>	-	-	-
<b>Patient</b>	-	\$4,000	27 %
<b>Total</b>	-	\$15,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H/UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5  
DATE: JUNE 15, 2010

<b>Total Gross Charges</b>	\$227,016	<b>Account Number</b>	9468893
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient
<b>Balance Due</b>	\$227,016	<b>Date of Service</b>	9/14/09 – 10/1/09
<b>Compromise Amount Offered</b>	\$5,000	<b>% Of Charges</b>	2 %
<b>Amount to be Written Off</b>	\$222,016	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$227,016 for medical services rendered. The patient's Medi-Cal application is pending. If Medi-Cal is later approved, DHS will bill Medi-Cal and refund the settlement amount. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$5,000	\$5,000	33.33 %
<b>Lawyer's Cost</b>	-	-	-
<b>LAC+USC Medical Center</b>	\$227,016	\$5,000	33.34 %
<b>Other Lien Holders</b>	-	-	-
<b>Patient</b>	-	\$5,000	33.33 %
<b>Total</b>	-	\$15,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 6  
DATE: JUNE 15, 2010

<b>Total Gross Charges</b>	\$50,756	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$50,756	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$8,575	<b>% Of Charges</b>	17 %
<b>Amount to be Written Off</b>	\$42,181	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$50,756 for medical services rendered. The patient has ORSA (Outpatient Reduced-Cost Simplified Application) with no liability and no other coverage was found. The patient's third party liability (TPL) claim settled for \$30,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$12,000	\$12,000	40 %
<b>Lawyer's Cost</b>	\$850	\$850	3 %
<b>LAC+USC Medical Center *</b>	\$50,756	\$8,575	29 %
<b>Other Lien Holders *</b>	\$4,309	\$4,309	14 %
<b>Patient</b>	-	\$4,266	14 %
<b>Total</b>	-	\$30,000	100 %

\* Lien holders are receiving 43 % of the settlement (29% to LAC+USC Medical Center and 14% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 7  
DATE: JUNE 15, 2010

<b>Total Gross Charges</b>	\$34,710	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$34,710	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$9,500	<b>% Of Charges</b>	27 %
<b>Amount to be Written Off</b>	\$25,210	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$34,710 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$34,231 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees</b>	\$11,440	\$11,440	33 %
<b>Lawyer's Cost</b>	-	-	-
<b>LAC+USC Medical Center *</b>	\$34,710	\$9,500	28 %
<b>Other Lien Holders *</b>	\$1,311.50	\$1,114.77	3 %
<b>Patient</b>	-	\$12,176.23	36 %
<b>Total</b>	-	\$34,231	100 %

\* Lien holders are receiving 31 % of the settlement (28% to LAC+USC Medical Center and 3% to others). The patient is receiving 36% of the settlement for ongoing medical expenses.

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 8  
DATE: JUNE 15, 2010

<b>Total Gross Charges</b>	\$221,644	<b>Account Number</b>	Various
<b>Amount Paid</b>	\$0	<b>Service Type</b>	Inpatient & Outpatient
<b>Balance Due</b>	\$221,644	<b>Date of Service</b>	Various
<b>Compromise Amount Offered</b>	\$23,333.33	<b>% Of Charges</b>	11 %
<b>Amount to be Written Off</b>	\$198,310.67	<b>Facility</b>	LAC+USC Medical Center

### JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$221,644 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$70,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement</b>
<b>Lawyer's Fees *</b>	\$29,718.31	\$29,718.31	43 %
<b>Lawyer's Cost</b>	-	-	-
<b>LAC+USC Medical Center</b>	\$221,644	\$23,333.33	33 %
<b>Other Lien Holders</b>	-	-	-
<b>Patient</b>	-	\$16,948.36	24 %
<b>Total</b>	-	\$70,000	100 %

\* Attorney's fee of 43% was agreed upon in the retainer agreement between the patient and his attorney.

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 9  
DATE: JUNE 15, 2010

<b>Total Charges (Providers)</b>	\$44,321	<b>Account Number</b>	EMS 509
<b>Amount Paid to Providers</b>	\$19,709	<b>Service Type / Date of Service</b>	Inpatient & Outpatient 9/2/07 - 9/5/07
<b>Compromise Amount Offered</b>	\$3,000	<b>% of Payment Recovered</b>	15 %

## JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Providence Holy Cross Medical Center and incurred total inpatient and physician charges of \$44,321 for medical services rendered. The providers have received payment from the Los Angeles County Trauma Fund in the amount of \$19,709. The patient's third-party claim has been settled for \$12,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$12,000)</b>
<b>Attorney cost</b>	\$59	\$59	1 %
<b>Los Angeles County *</b>	\$44,321	\$3,000	25 %
<b>Other Lien Holders</b>	\$7,526	\$3,666	30 %
<b>Patient</b>		\$5,275	44 %
<b>Total</b>		\$12,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Proposed settlement reimburses the Trauma Fund 15% (\$3,000) of amount paid to Providence Holy Cross Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 10  
DATE: JUNE 15, 2010

<b>Total Charges (Providers)</b>	\$559,406	<b>Account Number</b>	EMS 167
<b>Amount Paid to Providers</b>	\$110,843	<b>Service Type / Date of Service</b>	Inpatient & Outpatient 9/16/07 - 10/23/07
<b>Compromise Amount Offered</b>	\$3,053	<b>% of Payment Recovered</b>	3 %

### JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Providence Holy Cross Medical Center and incurred total inpatient and physician charges of \$559,406 for medical services rendered. The providers have received payment from the Los Angeles County Trauma Fund in the amount of \$110,843. The patient's third-party claim has been settled for \$15,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$15,000)</b>
<b>Attorney cost</b>	\$6,947	\$6,947	46.3%
<b>Los Angeles County</b>	\$559,046	\$3,053	20.4%
<b>Patient</b>		\$5,000	33.3%
<b>Total</b>		\$15,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Proposed settlement reimburses the Trauma Fund 3% (\$3,053) of amount paid to Providence Holy Cross Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 11  
DATE: JUNE 15, 2010

<b>Total Charges (Providers)</b>	\$41,536	<b>Account Number</b>	EMS 511
<b>Amount Paid to Provider</b>	\$6,425	<b>Service Type / Date of Service</b>	Inpatient 7/10/09 - 7/10/09
<b>Compromise Amount Offered</b>	\$4,154	<b>% of Payment Recovered</b>	65 %

### JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Providence Holy Cross Medical Center and incurred total inpatient charges of \$41,536 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$6,425. The patient's third-party claim has been settled for \$15,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$15,000)</b>
<b>Attorney fees</b>	\$5,000	\$3,750	25 %
<b>Los Angeles County</b>	\$41,536	\$4,154	28 %
<b>Other Lien Holders</b>	\$8,250	\$2,592	17 %
<b>Patient</b>		\$4,504	30 %
<b>Total</b>		\$15,000	100%

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Proposed settlement reimburses the Trauma Fund 65% (\$4,154) of amount paid to Providence Holy Cross Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 12  
DATE: JUNE 15, 2010

<b>Total Charges (Providers)</b>	\$42,198	<b>Account Number</b>	EMS 510
<b>Amount Paid to Providers</b>	\$5,508	<b>Service Type / Date of Service</b>	Inpatient & Outpatient 7/30/07 - 7/30/07
<b>Compromise Amount Offered</b>	\$6,500	<b>% of Payment Recovered</b>	118%

### JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Providence Holy Cross Medical Center and incurred total inpatient and physician charges of \$42,198 for medical services rendered. The providers have received payment from the Los Angeles County Trauma Fund in the amount of \$5,508. The patient's third-party claim has been settled for \$23,433 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$23,433)</b>
<b>Attorney fees</b>	\$9,373	\$7,000	30 %
<b>Attorney cost</b>	\$620	\$620	3 %
<b>Los Angeles County</b>	\$42,198	\$6,500	28 %
<b>Other Lien Holders</b>	\$1,710	\$1,710	7 %
<b>Patient</b>		\$7,603	32 %
<b>Total</b>		\$23,433	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Proposed settlement reimburses the Trauma Fund 118% (\$6,500) of amount paid to Providence Holy Cross Medical Center.



## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 13  
DATE: JUNE 15, 2010

<b>Total Charges (Providers)</b>	\$51,884	<b>Account Number</b>	EMS 218
<b>Amount Paid to Provider</b>	\$9,480	<b>Service Type / Date of Service</b>	Inpatient 10/23/02 - 10/28/02
<b>Compromise Amount Offered</b>	\$9,480	<b>% of Payment Recovered</b>	100%

## JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Henry Mayo Newhall Memorial Hospital and incurred total inpatient charges of \$51,884 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of \$9,480. The patient's third-party claim has been settled for \$86,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$86,000)</b>
<b>Attorney fees</b>	\$34,400	\$34,400	40 %
<b>Attorney cost</b>	\$14,359	\$14,359	17 %
<b>Los Angeles County</b>	\$51,884	\$9,480	11 %
<b>Other Lien Holders</b>	\$19,949	\$19,948	23 %
<b>Patient</b>		\$7,813	9 %
<b>Total</b>		\$86,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

- \* Proposed settlement reimburses the Trauma Fund 100% (\$9,480) of amount paid to Henry Mayo Newhall Memorial Hospital.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 14  
DATE: JUNE 15, 2010

<b>Total Charges (Providers)</b>	\$42,016	<b>Account Number</b>	EMS 508
<b>Amount Paid to Providers</b>	\$6,283	<b>Service Type / Date of Service</b>	Inpatient & Outpatient 9/16/08 - 9/16/08
<b>Compromise Amount Offered</b>	\$16,007	<b>% of Payment Recovered</b>	255 %

### JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Providence Holy Cross Medical Center and incurred total inpatient and physician charges of \$42,016 for medical services rendered. The providers have received payment from the Los Angeles County Trauma Fund in the amount of \$6,283. The patient's third-party claim has been settled for \$50,000 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$50,000)</b>
<b>Attorney fees</b>	\$16,667	\$16,667	33 %
<b>Attorney cost</b>	\$142	\$142	1 %
<b>Los Angeles County</b>	\$42,016	\$16,007	32 %
<b>Other Lien Holders</b>	\$6,353	\$6,043	12 %
<b>Patient</b>		\$11,141	22 %
<b>Total</b>		\$50,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Proposed settlement reimburses the Trauma Fund 255% (\$16,007) of amount paid to Providence Holy Cross Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 15  
DATE: JUNE 15, 2010

<b>Total Charges (Providers)</b>	\$95,475	<b>Account Number</b>	EMS 213
<b>Amount Paid to Providers</b>	\$21,687	<b>Service Type / Date of Service</b>	Inpatient & Outpatient 7/29/05 - 8/5/05
<b>Compromise Amount Offered</b>	\$22,000	<b>% of Payment Recovered</b>	101 %

### JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at Providence Holy Cross Medical Center and incurred total inpatient and physician charges of \$95,475 for medical services rendered. The providers have received payment from the Los Angeles County Trauma Fund in the amount of \$21,687. The patient's third-party claim has been settled for \$158,744 and his attorney is proposing the following disbursement of the proceeds:

<b>Disbursement</b>	<b>Total Claim</b>	<b>Proposed Settlement</b>	<b>Percent of Settlement (\$158,744)</b>
<b>Attorney fees</b>	\$63,498	\$63,497	40 %
<b>Attorney cost</b>	\$26,708	\$26,708	17 %
<b>Los Angeles County</b>	\$95,475	\$22,000	14 %
<b>Other Lien Holders</b>	\$112,378	\$28,160	18 %
<b>Patient</b>	\$8,473	\$18,379	11 %
<b>Total</b>		\$158,744	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

\* Proposed settlement reimburses the Trauma Fund 101% (\$22,000) of amount paid to Providence Holy Cross Medical Center.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 16  
DATE: JUNE 15, 2010

<b>Total Charges (Providers)</b>	\$66,530	<b>Account Number</b>	EMS 216
<b>Amount Paid to Provider</b>	\$5,775	<b>Service Type / Date of Service</b>	Inpatient 9/10/03 - 9/10/03
<b>Compromise Amount Offered</b>	\$24,646	<b>% of Payment Recovered</b>	427%

### JUSTIFICATION

The medical treatment to this patient was related to a work injury. As a result of this accident, the patient was treated at Long Beach Memorial Medical Center and incurred total inpatient charges of \$66,530 for medical services rendered. The facility has received payment from the Los Angeles County Trauma Fund in the amount of \$5,775. The defense has settled the patient's claim via Compromise and Release; due to the liability issues, the defense forwarded the trauma provider's claim for Medical Fee Schedule review. The claim was processed and paid pursuant to Official Medical Fee Schedule.

- \* Proposed settlement reimburses the Trauma Fund 427% (\$24,646) of amount paid to Long Beach Memorial Medical Center.